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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (For use with Form PTO/SB/06)								Application Number 09/813,454		Filing Date 3/20/2001		
								Applicant(s) Sigurd Wagner et al.				
								* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	1						51	2				
2		1					52	1				
3		1					53	1				
4		1					54	1				
5		1					55	1				
6		1					56	1				
7		1					57	1				
8		1					58	1				
9	1						59	1				
10		1					60	1				
11		1					61	1				
12		1					62	1				
13		1					63	1				
14		1					64					
15		1					65					
16		1					66					
17	1						67					
18		1					68					
19	1						69					
20		1					70					
21		1					71					
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33		1					83					
34	1						84					
35		1					85					
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37		1					87					
38		1					88					
39	1						89					
40		1					90					
41		1					91					
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45		1					95					
46		1					96					
47		1					97					
48		1					98					
49		2					99					
50		1					100					
Total Indep	8						Total Indep	4				
Total Depend	43						Total Depend	10				
Total Claims	51						Total Claims	14				

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12 IND. ; 65 TOTAL